

Washington State Health Care Authority

1. In order to qualify for the Medicare rate, you must be enrolled in both parts A and B of Medicare. This requirement applies to the Uniform Medical Plan (UMP) and to all of the participating health care plans.
2. Medicare-eligible retirees in Aetna Golden Medicare Plan, Group Health Cooperative Medicare+ Choice plan, Kaiser Medicare Plus, and PacifiCare Secure Horizons plans must agree to and sign the Medicare+ Choice Plan Election Form to qualify for the lower Medicare rate. For more information on these requirements, please contact your health plan's customer service department.

Part 1 of 2		Medical Plans					
Subscribers not eligible for Medicare (or enrolled in Part A only):		Aetna U.S. Healthcare Inc.	Community Health Plan of Washington	Group Health Cooperative of Puget Sound	Kaiser Foundation Health Plan of the Northwest	Northwest Washington Medical Bureau	Options Health Care, Inc.
	Subscriber Only	\$181.05	\$174.89	\$200.19	\$194.50	\$213.70	\$203.42
	Sub & Spouse	358.20	345.88	396.48	385.10	423.50	402.94
	Sub & Child(ren)	313.91	303.13	347.41	337.45	371.05	353.06
	Full Family	491.06	474.12	543.70	528.05	580.85	552.58
Subscribers eligible for Medicare (or enrolled in Parts A & B):							
	Subscriber Only	56.97	69.63	63.79	54.85	150.41	114.62
	Sub & Spouse (1 elig)	234.11	240.61	260.07	245.45	360.21	314.14
	Sub & Spouse (2 elig)	110.02	135.34	123.66	105.80	296.92	225.34
	Sub & Child(ren) (2 elig)	110.02	135.34	123.66	105.80	296.92	225.34
	Sub & Child(ren)	189.82	197.86	211.00	197.80	307.76	264.26
	Full Family (1 elig)	366.97	368.85	407.29	388.40	517.56	463.78
	Full Family (2 elig)	242.88	263.58	270.88	248.75	454.27	374.98
	Full Family (3 elig)	163.08	201.06	183.54	156.75	443.43	336.06
Dental Plans							
With Medical Plan:		DeltaCare, administered by Washington Dental Service	Regence BlueShield Columbia Dental Plan	Uniform Dental Plan			
	Subscriber Only	\$25.47	\$34.17	\$26.05			
	Sub & Spouse	50.94	68.34	52.10			
	Sub & Child(ren)	50.94	68.34	52.10			
	Full Family	76.41	102.51	78.15			
Medicare rates shown above have been reduced by the state funded contribution of \$62.48 per member per month.							

Part 2 of 2

Medical Plans

Subscribers not eligible for Medicare (or enrolled in Part A only):

	PacifiCare of Washington, Inc.	Premera Blue Cross/MSC	Premera HealthPlus	RegenceCare	Uniform Medical Plan
Subscriber Only	\$200.40	\$212.99	\$208.51	\$194.20	\$195.03
Sub & Spouse	396.90	422.08	413.12	384.50	386.16
Sub & Child(ren)	347.78	369.81	361.97	336.93	338.38
Full Family	544.28	578.90	566.58	527.23	529.51

Subscribers eligible for Medicare (or enrolled in Parts A & B):

Subscriber Only	53.13	149.25	144.49	111.27	128.62
Sub & Spouse (1 elig)	249.63	358.34	349.10	301.57	319.75
Sub & Spouse (2 elig)	102.36	294.60	285.08	218.64	253.34
Sub & Child(ren) (2 elig)	102.36	294.60	285.08	218.64	253.34
Sub & Child(ren)	200.51	306.07	297.95	254.00	271.97
Full Family (1 elig)	397.01	515.16	502.56	444.30	463.10
Full Family (2 elig)	249.74	451.42	438.54	361.37	396.69
Full Family (3 elig)	151.59	439.95	425.67	326.01	378.06

Medicare Supplement Plans

	Premera Blue Cross			
	Plan E Retired	Plan E Disabled	Plan J Retired	Plan J Disabled
Subscriber Only	\$39.47	\$51.92	\$116.43	\$177.68
*Sub & Spouse (1 elig)	230.60	243.05	307.56	368.81
Sub & Spouse (2 elig - 1 med, 1 dis)	87.49	87.49	290.21	290.21
Sub & Spouse (2 elig)	75.04	99.94	228.96	351.46
*Sub & Child(ren)	182.82	195.27	259.78	321.03
*Full Family (1 elig)	373.95	386.40	450.91	516.06
*Full Family (2 elig - 1 dis, 1 med)	230.84	230.84	433.56	433.56
*Full Family (2 elig)	218.39	243.29	372.31	494.81

* If a Medicare Supplement Plan is selected, non-Medicare eligible dependents are enrolled in the UMP. The rates shown reflect the total rate due, including both the Medicare Supplement and UMP premiums.

Life Insurance Self-Pay Rate - Retirees \$2.19 per month

Medicare rates shown above have been reduced by the state funded contribution of \$62.48 per member per month.